

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 17 AM 8:53

DOCUMENT # PO2000072204

1. Corporation Name

VISION REALTY OF ALACHUA COUNTY, INC.

2. Principal Office Address

595 W. MAIN ST.

Suite, Apt. #, etc.

City & State

LAKE BUTLER, FL

Zip

32054

Country

USA

3. Mailing Office Address

P.O. Box 754

Suite, Apt. #, etc.

City & State

LAKE BUTLER, FL

Zip

32054

Country

USA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/2002

5. FEI Number

05-0522382

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WOODINGTON, WILLIAM E.

Street Address (P.O. Box Number is Not Acceptable)

595 W. MAIN ST.

Suite, Apt. #, Etc.

City

LAKE BUTLER

State

FL

Zip Code

32054

200055567642

06/01/05-01013-001 ***10/1/01

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	WOODINGTON, WILLIAM E.	595 W. MAIN ST.	LAKE BUTLER, FL 32054

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William E Woodington

5/12/05

386-623-0756

CR2E081 (01/05)